

# APPLICATION FOR AUTONOMOUS VEHICLE TRIAL ON PUBLIC ROADS

## APPLICATION INSTRUCTIONS

- Applicants are required to read and understand MyAV Guideline prior to this application.
- All sections in this application form needs to be fully completed with the required supporting documents as attachment in the appendices.
- Application form and supporting documents needs to be submitted at least 30 days before the proposed activity date to myav@futurise.com.my to avoid any delay.
- Contact Futurise at myav@futurise.com.my for any enquiries regarding the application.

## TYPE OF TRIAL

The type of trial in this application will be conducted for:

Type of trial	Please tick ✓
AV Trial (without passenger)	
AV Passenger Service Trial (with passenger)	

*\*For AV Passenger Service Trial, kindly refer to Section B of **Guideline for Public Road Trials of Autonomous Vehicles** (3.7. Application Submission) for additional required information.*

## TRIAL LOCATION AND ROUTE

AV trials must only be conducted at the designated Route A or B. The AV trial in this application will be conducted in:

Location				
Route (Please tick ✓)	A		B	

## SECTION A: PERSONAL PARTICULARS

### **Accountable Manager:**

Accountable Manager is the person who is accountable and responsible of the trial activities and safety compliances in this application.

Full name	
Passport / NRIC	
Name of Company/Institution	
Company registration number (if applicable)	
Company/institution address	
Telephone number	
Mobile number	
E-mail address	

*\*Attach as Appendix 1:*

- Copy of NRIC / driving license.*
- Copy of the company registration certificate (if applicable).*

**Safety Officer / Operator:**

Safety Officer / Operator is the person(s) who holds a valid driving license that competent to operate AV, respond to any safety issues and take-back control of the vehicle during trial.

No.	Full name	Passport / NRIC	Mobile number	E-mail address
1.				
2.				
3.				
4.				
5.				

*\*Attach as Appendix 2:*

- i. Copy of NRIC / driving license.*
- ii. Proof of AV training attended (may be organized/provided by the company).*
- iii. Proof of safety briefing attended (may be organized/provided by the company).*

**SECTION B: TRIAL PLAN AND ACTIVITIES**

**Trial Plan:**

Plan for the AV trial.

Aim of the trial	
Objective(s) of the trial	
Expected outcome(s)	
Trial start date	

**Trial schedule:**

Schedule of the AV trial activities.

*Note: Route A trial period 6 months, Route B trial period 12 months*

No.	Trial activities	Month											
		1	2	3	4	5	6	7	8	9	10	11	12
1.													
2.													
3.													
4.													
5.													

**SECTION C: VEHICLE PARTICULARS**

**Vehicle Information:**

Information of the vehicle to be used in the AV trial.

Vehicle model	
Vehicle production year	
Vehicle general specifications	
Vehicle registration number	
Vehicle chassis number	

*\*Attach as Appendix 3:*

- i. Exterior picture of the vehicle.*
- ii. Copy of the vehicle road tax.*

**Vehicle Safety Measures:**

Safety measures included in the vehicle for the AV trial.

No.	System / Feature	Descriptions and validations
1.	Fallback switch	

2.	Emergency stop (E-stop) switch	
3.	Fire suppression / extinguisher	

*\*Attach as Appendix 4:*

- i. Diagrams and pictures with descriptions of the features listed above.*
- ii. Further details and information.*

**Vehicle Modifications:**

Modifications done on the vehicle system/component for the AV trial.

No.	System / Component	Purpose of the modification	Details and validations of the modification
1.			
2.			
3.			
4.			
5.			

*\*Attach as Appendix 5:*

- i. Diagrams and pictures with descriptions of the modifications listed above.*
- ii. Further details and information.*

## **SECTION D: AV SYSTEM PARTICULARS**

### **AV System:**

AV systems included for the AV trial.

No.	AV System / Feature	Descriptions, validations, development status and current capabilities
1.	System safety	
2.	System failsafe response	
3.	Human Machine Interface and Operator Information	
4.	Object and Event Detection and Response (OEDR)	
5.	Operational Design Domain (ODD) for Automated Mode	
6.	Event Data Recorder (EDR) and Data Storage System for Automated Driving (DSSAD)	
7.	Software Updates	
8.	Cybersecurity and Over-the-air issues	

9.		
10.		

*\*Attach as Appendix 6:*

- i. Diagrams and pictures with descriptions of the systems/features listed above.*
- ii. Further details, information and reports.*

## **SECTION E: RISK ASSESSMENT**

### **Safety Management Plan:**

Safety Management Plan that outlines potential risk and preventive actions to be carried out must be prepared by the trial organization and used in the trial.

*\*Attach as Appendix 7 the 'Safety Management Plan' document for the AV trial. Refer attached template as guidance.*

### **Safety Trial Measure:**

Safety Trial Measure is a safety measure checklist in pre-flight must be prepared by the trial organization and used in the trial.

*\*Attach as Appendix 8 the 'Safety Trial Measure' checklist document for the AV trial.*

### **Safety Trial Procedure:**

Safety Trial Procedure is a SOP to act and respond in emergency or accident events must be prepared by the trial organization and used in the trial.

*\*Attach as Appendix 9 the 'Safety Trial Procedure' document for the AV trial.*

## **SECTION F: INSURANCE**

### **Insurance policy:**

Insurance policy that covers vehicle, product, public, occupational health and safety, and any other related risks for the AV trial.

*\*Attach as Appendix 10 the copy of the insurance policy taken for the AV trial.*

## **SECTION G: APPLICATION SIGNATURE**

**Accountable Manager:**

**\*I hereby confirm that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I further hereby agree to be bound by the terms and conditions set out in the Guideline for Public Road Trials of Autonomous Vehicles.**

Application date	
Full name	
Passport / NRIC	
Signature	.....

## **APPLICATION CHECKLIST**

Checklist of the completed and required documents for the application.

No.	Document	Yes (✓)	No (✓)	Remark
1.	Completed application form			
2.	Appendix 1: Accountable Manager information			
3.	Appendix 2: Driver/operator information			
4.	Appendix 3: Vehicle information			
5.	Appendix 4: Vehicle safety systems/features			
6.	Appendix 5: Vehicle modifications			
7.	Appendix 6: AV systems/features			
8.	Appendix 7: Safety Management Plan			
9.	Appendix 8: Safety Trial Checklist			
10.	Appendix 9: Safety Trial Procedure			
11.	Appendix 10: Insurance policy			
12.	Appendix 11: SOP (for passenger) document			

13.	Appendix 12: ERP document			
14.	Appendix 13: List and details of selected passengers			
15.	Appendix 14: Safety justification of any design interior and exterior minor Modifications (if applicable)			
16.	Appendix 15: Evidence of: - Route A and/or B test completion (report) - CCTV and front-rear view cameras installations - Visual and audio indicators for passengers during boarding, on-board, alighting and emergency - Emergency switches for the passenger - Communication platform for feedback or complaints			
17.	Appendix 16: Procured insurance covering the selected passengers			